

## NYSE Gateways Session Request Form

Session setup process consists of two steps:

1. For new, or modification to existing, sessions please submit this form to [connectivity@nyse.com](mailto:connectivity@nyse.com)
2. For new, or modification to existing, source network address provisioning, please complete the Source IP Permission and Peering Information in the table (Page 2) and send a separate request to [clientprovisioning@theice.com](mailto:clientprovisioning@theice.com)

For questions regarding this form, please contact Connectivity Tel: +1 212.896.2830 option 2,1/Email: [connectivity@nyse.com](mailto:connectivity@nyse.com)

### Contact Information

Company Name:	
First/Last Name:	
Email Address:	
Phone:	

### Session Detail

-Please select only one option from the drop down lists below and specify number of Sessions.

Request Type:	Choose Request Type	# of Sessions:	
Market:	Choose Market		
Session Type:	Choose Session Type		
Protocol:	Choose Protocol		
SenderCompIDs (Type in all if modifying or removing):			
TPID or Master Firm/Mnemonic (if adding new session):			
BOLD Default Value (American Options Only):	Choose BOLD Default Value		

### Drop Copy Settings (Required)

- Leave blank if protocol is order entry.
- Check only the settings that are changing if this is a modification.

Drop Copy Request Type:	Choose Request Type	# of Drop Copy Sessions:	
Drop Copy SenderCompIDs (if modifying or removing):			
Drop Copy Type:	Choose Protocol		
Message Preference:	Choose Message Preference		
Drop Copy Filter:	Choose Drop Copy Filter		
Based on the above selection, list all filter items (e.g. - If you Selected 'Mnemonics', list the Mnemonics that should be reported. If you selected 'SenderCompID', list the sessions you wish to drop to the drop copy session):			

Source IP Permission and Peering Information <i>(Required)</i>		
Network Provider	Please list all Source IP Address Ranges you will use to connect to Native Gateways Format: xxx.xxx.xxx.xxx /24	Please list the Peering IPs for the IP ranges listed to the left Format: xxx.xxx.xxx.xxx
Choose Network Provider		
Choose Network Provider		
Choose Network Provider		
Choose Network Provider		
Choose Network Provider		
Choose Network Provider		
Choose Network Provider		
Choose Network Provider		
Choose Network Provider		
Choose Network Provider		

Acknowledgment of Certification
Please check the following box to acknowledge that any new functionality being requested in this document has been appropriately tested and certified with our Technology Member Services group: <input type="checkbox"/>

<b>By (Signature):</b>	
<b>Name:</b>	
<b>Title:</b>	
<b>Company Name:</b>	
<b>CRD #:</b>	
<b>Phone:</b>	
<b>Email Address:</b>	
<b>Date:</b>	